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13281 U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL

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|---|---|
| Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket No. LIAO3071/EM |
| | First Named Inventor (or identifier) Cheng-Chang LIAO |
| | Total Pages 29 |

Transmitted herewith is a patent application under 37 CFR 1.53(b).

| | |
|-----------|----------------------------|
| Entitled: | Golf Swing Practice Device |
|-----------|----------------------------|

1. Submitted herewith are the following:
14 pages of specification, including claims and Abstract.
9 sheets of FORMAL drawings (Figs. 1-10).
9 claims.
1 Oath/Declaration signed by each inventor.
1 Application Data Sheet.
1 Information Disclosure Statements.
1 page of Form PTO-1449.
1 check in the amount of \$385 (Filing Fee).

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

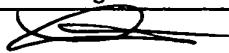
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

| THE FILING FEE IS CALCULATED AS FOLLOWS: | | | | Basic Fee: | \$770.00 |
|---|------------|--------|--|--|----------|
| Total Claims: | 9 | - 20 = | 0 | X \$18 = | \$0.00 |
| Independent Claims: | 1 | - 3 = | 0 | X \$86 = | \$0.00 |
| Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176 | | | | Multiple Dependent Claim (add \$290.00): | \$0.00 |
| 23364 CUSTOMER NUMBER | | | | Subtotal: | \$770.00 |
| | | | | 50% Reduction if Small Entity Status: | \$385.00 |
| Phone: 703-683-0500 Fax: 703-683-1080 | | | | Total: | \$385.00 |
| Date: | Name: | | Signature: | Reg. No. | |
| November 24, 2003 | Eugene Mar | |  | 25,893 | |

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